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002/002

NAME OF DECEASED: KRISTOPHER CURRIER

ALIAS USED

PER DEPUTY CLERK

TYPE REPORT  
TERMINANT  
CLASS R-X

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF HEALTH • VITAL RECORDS  
CERTIFICATE OF DEATH  
(Colonel)

CERTIFY (See definitions on other side)	CAUSE OF DEATH (See instructions on other side)	PRONOUNCING PHYSICIAN ONLY (See definition on other side)	DISPOSITION	DECEASED PERSONAL DATA
<p>1. I, the undersigned, being a duly qualified physician, certify that I have personally examined the body of the deceased and have determined the cause of death.</p> <p>2. I, the undersigned, being a duly qualified physician, certify that I have personally examined the body of the deceased and have determined the cause of death.</p> <p>3. I, the undersigned, being a duly qualified physician, certify that I have personally examined the body of the deceased and have determined the cause of death.</p>	<p>4. I, the undersigned, being a duly qualified physician, certify that I have personally examined the body of the deceased and have determined the cause of death.</p> <p>5. I, the undersigned, being a duly qualified physician, certify that I have personally examined the body of the deceased and have determined the cause of death.</p> <p>6. I, the undersigned, being a duly qualified physician, certify that I have personally examined the body of the deceased and have determined the cause of death.</p>	<p>7. I, the undersigned, being a duly qualified physician, certify that I have personally examined the body of the deceased and have determined the cause of death.</p> <p>8. I, the undersigned, being a duly qualified physician, certify that I have personally examined the body of the deceased and have determined the cause of death.</p> <p>9. I, the undersigned, being a duly qualified physician, certify that I have personally examined the body of the deceased and have determined the cause of death.</p>	<p>10. I, the undersigned, being a duly qualified physician, certify that I have personally examined the body of the deceased and have determined the cause of death.</p> <p>11. I, the undersigned, being a duly qualified physician, certify that I have personally examined the body of the deceased and have determined the cause of death.</p> <p>12. I, the undersigned, being a duly qualified physician, certify that I have personally examined the body of the deceased and have determined the cause of death.</p>	<p>13. I, the undersigned, being a duly qualified physician, certify that I have personally examined the body of the deceased and have determined the cause of death.</p> <p>14. I, the undersigned, being a duly qualified physician, certify that I have personally examined the body of the deceased and have determined the cause of death.</p> <p>15. I, the undersigned, being a duly qualified physician, certify that I have personally examined the body of the deceased and have determined the cause of death.</p>
<p>16. I, the undersigned, being a duly qualified physician, certify that I have personally examined the body of the deceased and have determined the cause of death.</p> <p>17. I, the undersigned, being a duly qualified physician, certify that I have personally examined the body of the deceased and have determined the cause of death.</p> <p>18. I, the undersigned, being a duly qualified physician, certify that I have personally examined the body of the deceased and have determined the cause of death.</p>	<p>19. I, the undersigned, being a duly qualified physician, certify that I have personally examined the body of the deceased and have determined the cause of death.</p> <p>20. I, the undersigned, being a duly qualified physician, certify that I have personally examined the body of the deceased and have determined the cause of death.</p> <p>21. I, the undersigned, being a duly qualified physician, certify that I have personally examined the body of the deceased and have determined the cause of death.</p>	<p>22. I, the undersigned, being a duly qualified physician, certify that I have personally examined the body of the deceased and have determined the cause of death.</p> <p>23. I, the undersigned, being a duly qualified physician, certify that I have personally examined the body of the deceased and have determined the cause of death.</p> <p>24. I, the undersigned, being a duly qualified physician, certify that I have personally examined the body of the deceased and have determined the cause of death.</p>	<p>25. I, the undersigned, being a duly qualified physician, certify that I have personally examined the body of the deceased and have determined the cause of death.</p> <p>26. I, the undersigned, being a duly qualified physician, certify that I have personally examined the body of the deceased and have determined the cause of death.</p> <p>27. I, the undersigned, being a duly qualified physician, certify that I have personally examined the body of the deceased and have determined the cause of death.</p>	<p>28. I, the undersigned, being a duly qualified physician, certify that I have personally examined the body of the deceased and have determined the cause of death.</p> <p>29. I, the undersigned, being a duly qualified physician, certify that I have personally examined the body of the deceased and have determined the cause of death.</p> <p>30. I, the undersigned, being a duly qualified physician, certify that I have personally examined the body of the deceased and have determined the cause of death.</p>

DECEASED 308

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COURT OF COMMON PLEAS OF THE 39TH JUDICIAL DISTRICT OF PENNSYLVANIA  
FRANKLIN COUNTY BRANCH



John R. Walker, *President Judge*

Douglas W. Herman, *Judge*  
Richard J. Walsh, *Judge*  
Carol L. Van Horn, *Judge*

Adult Probation  
DUI Program  
(717) 264-6613

FRANKLIN COUNTY PROBATION DEPARTMENT  
440 Walker Road  
Chambersburg, Pennsylvania 17201-9798  
FAX: (717) 264-8934  
Telecommunication Device for Deaf (717) 264-8474  
www.fcpd.com

Payment Division  
(717) 264-8413  
Pre-Release Unit  
(717) 264-8153

# Fax

To: Nancy Edmunds From: Jean Frazier  
Fax: (810) 237-5675 Pages: 2  
Date: \_\_\_\_\_  
Re: Death Card For Kristophe Currier

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